

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-23-CA

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Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Hidalgo Don P. MI
Last First

2. BUSINESSPHONE 225-927-0160
Area Code and Phone Number

3. BUSINESS ADDRESS 4637 Janestown Ave. Baton Rouge, LA 7080
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Health Associates, LLC

5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Association of Substance Abuse Counselors

Address P.O. Box 80235 Baton Rouge, LA 70898

Business or purpose Professional Trade Organization

Does this person pay you? Yes

If No, who pays you? _____

HAND DELIVERED

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740
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2. Name Choices of Louisiana
Address 141 Woodland Dr. LaPlace, LA 70068
Business or purpose Methadone Rehabilitation Clinic
Does this person pay you? Yes
If No, who pays you? _____
3. Name Louisiana Association on Compulsive Gambling
Address 2000 Fairfield Ave. Shreveport, LA 71104
Business or purpose Professional Trade Organization
Does this person pay you? Yes
If No, who pays you? _____
4. Name Health Associates, LLC
Address 4637 Jamestown Ave. Baton Rouge, LA 70808
Business or purpose Behavioral Healthcare Organization
Does this person pay you? Yes
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

